

A.N.J. Coowar Limited

Bracken Lodge

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bracken Lodge is residential care home providing support to up to ten people with learning disabilities and some people also had physical disabilities. Care is provided across two floors of an adapted house. At the time of our inspection there were eight people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good but we found the service had improved since our last inspection and we have rated Bracken Lodge 'Outstanding' in the Caring domain.

Why the service is rated Good

Staff provided an exceptionally caring service to people. People lived in an inclusive and homely environment in which they were empowered and given ownership over their care. The provider had an attention to detail when it came to involving people and creating strong bonds between people, relatives and staff. Relatives and healthcare professionals emphasised how homely the environment was and the caring nature of staff. People were supported by kind staff who knew them well and routinely advocated for them. Staff were dedicated to the people that they supported and were passionate about finding ways to make people happy and improve their lives. Staff respected people's privacy and dignity when providing care.

Staff managed risks to people safely whilst promoting their independence. Where incidents had occurred, the provider took appropriate action to keep people safe. Staff understood how to identify and respond to suspected abuse. People lived in an environment in which the risk of infection spreading was appropriately managed.

People were supported to prepare and eat food that they liked in line with their dietary needs. Staff had sufficient training to carry out their roles and had regular meetings with their line managers. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and people were involved in important decisions and choices. Staff worked alongside healthcare professionals and other organisations to meet people's needs.

People received personalised care that reflected their needs, interests and preferences. People had access to activities that reflected what was important to them. Regular reviews were undertaken and any changes to people's needs were actioned by staff. The provider had a clear and accessible complaints procedure and

The registered manager worked alongside staff and was actively involved in people's care. Systems were in place to involve people and staff in the running of the home. The provider carried out checks on the quality

of the care that people received and maintained up to date records. The provider built links with organisations and agencies to ensure that people benefitted from.

Further information is in the detailed findings below

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 remains good.

Clear plans were in place to manage risks to people and where incidents occurred, staff responded appropriately. Staff understood how to respond to suspected abuse.

People received their medicines safely, from trained staff. Staff followed best practice with regards to infection control

There were sufficient numbers of staff to meet people's need and to allow them to lead active lives. The provider carried out appropriate checks on new staff to ensure they were suitable.

Is the service effective?

Good ●

The service remains Good

People's needs and choices were assessed in line with best practice. Staff enabled people to make decisions in line with the Mental Capacity Act. Where restrictions were put in place, the correct process was followed.

People were supported to eat food in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles. Staff received an induction and had regular one to ones with their line managers to discuss their practice.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People lived in a warm, friendly and inclusive environment in which they were encouraged to develop and maintain strong social bonds. The provider routinely involved people in the running of the home.

The provider found creative ways to make people happy. People were supported by regular and consistent staff that they knew

very well. Staff were committed to improving people's lives.

People's privacy and dignity was respected by staff and people were encouraged to become independent and develop skills.

Is the service responsive?

Good ●

The service remains Good.

People received personalised care. Care plans reflected people's needs and interests. People took part in activities that they enjoyed. Care needs were reviewed regularly and any changes were actioned by staff.

There was a complaints policy in place that was accessible to people

Is the service well-led?

Good ●

The service remains Good.

There was clear leadership at the home and staff felt supported by the registered manager. Systems were in place to allow staff to be involve din the running of the home.

Regular audits were carried out to measure and assure the quality of the care that people received. There was an ongoing plan in place to continually improve the home for people.

The provider had links with other organisations and kept accurate and up to date records. Information was shared appropriately with other organisations.

Bracken Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 November 2017 and was unannounced.

Due to the small size of the home, the inspection was carried out by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider 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.

As part of our inspection we spoke with four people, one relative, four care staff and the registered manager. We received feedback from one healthcare professional after the inspection. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at mental capacity assessments and applications to deprive people of their liberty. We also looked at records of audits and surveys and a selection of photographs and artwork in people's records and around the home.

We looked at two staff recruitment files, records of staff training and supervision, a selection of policies and procedures, minutes of staff meetings and evidence of partnership working.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us, "It is safe, I press my buzzer and they come." A relative said, "It is safe there, [person] wasn't well so they moved to another room downstairs."

Risks to people were assessed and plans were identified to keep people safe. People's records contained a risk assessment tool that identified levels of risks and plans were drawn up in response to them. For example, one person had a medical condition that affected their balance and mobility. The risk assessment identified this and a plan was implemented to keep them safe. The person used a walking frame and staff supervised them and reminded them to use the frame. Risk assessments covered a range of risks and they had been reviewed monthly to identify any changes.

Actions were taken which showed that lessons were learnt in response to incidents or accidents. Where people had been involved in any incidents, these were documented and staff recorded the actions that they had taken. Records showed that staff responded appropriately and we noted that the provider had oversight of any incidents that occurred. One person had recently started to develop dementia and staff kept a detailed log of incidents. A recent incident of confusion had been documented and had been used to inform healthcare professionals making decisions about the person's treatment.

Staff understood their roles in safeguarding people from abuse. Staff had been trained in how to identify potential abuse and they knew how to respond if they suspected abuse had occurred. Staff were able to tell us the processes for raising safeguarding and were aware of how to whistle blow if necessary. Posters containing pictures and signs people used were displayed around the home to ensure people were made aware of how to raise concerns. There had been one recent safeguarding and records showed that staff had responded to it appropriately.

People's medicines were stored and administered safely. Medicines were stored securely and in line with the manufacturer's guidance. The provider carried out daily checks to ensure medicines were stored at the right temperature and regularly audited their management of medicines. People's records contained important information about health conditions and their allergies. Medicine administration records (MARs) were up to date and clearly stated when people had taken their medicines. Staff that administered medicines had received training and their competence had been assessed.

People were protected against the spread of infection within the home. The home environment was clean and smelt pleasant. Robust cleaning schedules were followed each day by staff and the provider carried out their own regular audit of infection control. Hand washing prompts were seen around the home and staff were observed washing their hands before preparing food for people. Staff had received training in infection control which they put into practice to keep people safe.

There were sufficient numbers of staff present to keep people safe. Staffing numbers were based on people's needs and activities. During the inspection we observed staff spending lots of time with people. Recruitment files showed appropriate checks had been carried out to ensure staff were suitable for their

roles.

Is the service effective?

Our findings

People were enabled to make choices and decisions about their care in a way that was appropriate to their needs. People's needs were assessed and they were supported to make choices in ways appropriate to their needs. There was evidence of healthcare professionals and relatives being routinely involved in people's care planning, which was in line with NICE best practice guidance. The home environment was suited to people's needs with signage displayed around the home in an accessible, easy read format using pictures. Rooms and corridors were spacious as there were people at the home that used walking aids and wheelchairs.

People were supported by staff that were trained to carry out their roles. Staff received training in areas such as first aid, fire safety, manual handling and challenging behaviour. Staff followed an induction and training was updated each year. All staff had completed an NVQ in adult social care and the provider was supporting staff to attain higher levels of this qualification at the time of inspection. NVQ is National Vocational Qualification. Staff also received training specific to people's needs. For example, one person living at the home had diabetes and staff attended training in this area. Staff received regular supervisions and appraisals and they told us that these one to one meetings gave them opportunities to discuss their performance and any training needs.

People's nutritional needs were met. People's care plans contained information about foods that they liked and each person was supported by staff to prepare meals in line with these preferences. Where people had specific dietary needs, these were recorded and acted upon. For example, one person had celiac disease, which is an allergy to gluten. This was noted in their records and they were prepared meals without gluten in them. The person had their own cupboards and fridge and staff told us that they checked all foods for traces of gluten before preparing meals for the person.

Staff worked alongside healthcare professionals and other organisations to meet people's needs. People's care plans contained information about their medical conditions and any treatment that they were receiving. For example, one person at the home had epilepsy. They had a care plan for this and staff were aware of what to do in the event of a seizure. Where the person's seizures had increased, staff had contacted healthcare professionals and the person's medicines had been reviewed. People's records contained evidence of visits to the GP, dentist and optician.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that people's mental capacity was assessed where appropriate. Assessments were decision specific and where people lacked the mental capacity to make a decision a best interest decision was made and documented. These involved relatives and healthcare professionals. Where restrictions were placed upon people, an application was made to the local authority DoLS team. A social care professional told us, "It is my view that [registered manager] and the team have a good understanding of MCA and DoLS issues and this is evident in the individual resident's care folders."

Is the service caring?

Our findings

People were supported by caring and compassionate staff. One person said, "I get on with the staff very well. [Staff member] is my worker and can tell if I'm feeling down, she takes me out." A relative said, "They have been absolute stars. They [staff] really do care and you can tell."

People lived in a home in which they were encouraged to develop a strong community with staff and the people that they lived with. The provider took communication seriously and people and staff were trained in how to use Makaton. Makaton signs with pictures were displayed throughout the home and were regularly used and referred to. The signs enabled the inspection team to interact with one person using signs they knew and they were proud to show us. Another person, who was able to verbally communicate, had also been trained in how to use Makaton. They showed us what they had learned and said they valued the training as they were able to converse with others at the home who communicated in this way. This person said, "I learnt a lot of Makaton and as [person] can't talk I use sign language [to communicate with them]." All training was also available to people and they had attended some courses with staff. People had attended diabetes training and safeguarding training which they told us had been informative. This showed there was parity between people and staff that was also evident in our observations on the day.

People were empowered by being routinely involved in the running of the home in a way that achieved positive outcomes for them. One person said, "I help the activity lady set up the activities." This person was also in charge of answering the phone and we observed them doing so on the day. They told us they liked this responsibility and staff said they had seen the person develop confidence and telephone skills as a result of helping with this. The person also helped with writing names on records where appropriate to do so. People all helped with the weekly shop and had input into menu planning. Where the provider looked after people's finances, staff regularly involved them in counting their money. This helped them to develop and maintain numeracy skills and gave them meaningful involvement in their spending and accounts. Another person enjoyed doing the weekly fire alarm test with staff. When we asked them about it they responded happily and laughed. This gave them ownership of a task as well as kept them informed about fire safety and how to raise the alarm or respond in the event of a fire. People helped with tasks on the day of inspection, they worked with staff to lay tables and tidy.

The provider had an attention to detail when it came to inclusivity which ensured that people were involved, giving them ownership over their home environment. A relative told us, "I can't say enough, it really is a wonderful homely place." A social care professional that visited the service recently told us, "It's a real positive example of a care home that fosters a 'homely environment' where residents are actively encouraged to engage in the life of their home. Care staff are committed, caring and compassionate within their care roles." Artwork that people had completed was on display throughout the home. There were numerous photograph collages on display in communal areas which showed parties, outings and holidays that people had been on with staff. This created a homely atmosphere that was evident on the day and was echoed in the feedback of all relatives and healthcare professionals that we spoke with. There was also a high number of compliments in the provider's records from healthcare professionals of all types. There had been nine compliments from professionals in the last twelve months which was high for a home of this size.

These included the dentist, dietician, GP, nurse, podiatrist, occupational therapist and an advocate. The recurrent theme was that they felt the service was homely and caring and staff had an excellent understanding of people's needs. One said, 'I visit many residential homes and Bracken Lodge's standards are much higher than the others.'

Staff regularly found creative ways to make people happy. During the inspection, we observed a meeting taking place. Plans for Christmas were discussed and staff talked about people's interests and what they would enjoy. People planned to attend different pantomimes and staff discussed these based on what people enjoyed and where their friends were planning to go. People had made specific requests for food and these were discussed and planned based on their preferences. Staff made people's birthdays special and arranged parties and activities that they enjoyed. One person had a birthday recently and they really enjoyed music and singing. Staff arranged for a professional singer to visit the home to sing with the person which they enjoyed. Large parties were regularly laid on for people and photos showed that numerous relatives, friends and staff attended these. Two staff members told us that they always came in for parties on days they were not working, because they enjoyed spending time with people and wanted to be a part of the day.

The registered manager was proud of the strong community at the home. Regular and consistent staff supported people and developed strong bonds with them. This was evident in the knowledgeable and passionate way in which staff spoke about people, showing they took a real interest in their lives. A staff member said, "We get to know absolutely everything about them. We chat, we talk and share things. It is their house, they decide what they want." Most of the staff had worked at the home for a long time; one member of staff we spoke with had worked at the home for 11 years and another had been there for 18 years. The relatives of a person who had lived at the home for a long time but sadly passed away still regularly visited and attended parties at the home to see people and staff. This created a consistency for people and a family atmosphere. This showed that the provider valued the importance of developing strong bonds between people, relatives and staff.

People were supported by kind and committed staff that they got along well with. Staff had worked with most people for a very long time and had an excellent understanding of their needs and backgrounds. They demonstrated this when they spoke with us about people. Each person had a keyworker. A keyworker is a member of staff who oversees their care and meets with them regularly. We observed a staff meeting and keyworkers spoke up for people and were able to provide input on their favourite foods, interests, weekly activities and when they had medical appointments without referring to any notes. This showed that staff had a very good knowledge of the people that they supported.

People told us that they liked the staff that supported them and those who could not tell us verbally responded happily when asked about staff. During the inspection we observed staff engaging with people warmly. People laughed and joked with staff and they talked and played games throughout the day. A relative told us they really enjoyed visits because of the atmosphere at the home. A social care professional described how there was a 'social chatter' between people and staff that they did not always see at other homes.

Staff regularly worked with people to achieve good outcomes for them. We saw examples of staff advocating for people, demonstrating a commitment to improving their lives. One person had a recent funding review where changes to their scheduled activities were planned. Staff worked with the person, using pictures, to establish what they wanted and ensured these views were expressed at a review meeting. Another person was about to undergo a minor medical procedure. Staff worked with the person, showing them videos of the procedure on You Tube to help prepare them. Staff attended appointments with the person and ensured

they were kept informed throughout the process.

Staff were respectful of people's privacy and dignity when providing care. Throughout the day we observed staff being considerate and knocking on people's doors before entering their rooms. Staff demonstrated a good understanding of how to promote people's privacy. People's care records and activity timetables factored in people's need to have time alone if they wished.

Is the service responsive?

Our findings

People told us that they received personalised care. One person said, "I chose the colours of my room and what I want to do." Care plans were very detailed and contained information about people's needs and what was important to them. They also contained pictures that reflected people's interests. People had chosen the pictures that went into their care plans and the pictures were used for people to make choices about their care. One person really liked cars and motor racing. They picked a photograph of themselves playing an arcade racing game as their picture. Another person really liked Christmas and had chosen festive photographs in their care plan.

Care plans were kept up to date and reflected people's current needs. One person had recently been diagnosed with dementia and was starting to forget where they lived before with their relatives. To support this person, staff were working on a life story and a memory box with the person to help them to remember where they used to live. Relatives had sent photographs and suggestions and were involved in the process. Staff also liaised with healthcare professionals about the person's diagnosis and how best to support them. Another person enjoyed drinking beer and their care plan reflected this. The person went through a period of ill health and rehabilitation and wanted to become well enough to enjoy a beer. Staff worked with the person and their GP to use beer as a goal for the person to stick to a plan of diet and medicines to improve their health. This demonstrated that staff understood the importance of using appropriate terms of reference to make care planning meaningful to people.

The provider had systems in place to ensure people received appropriate and sensitive end of life care. At the time of inspection, nobody was receiving end of life care. However, people had plans in place in which their wishes were recorded. The provider involved people's relatives and healthcare professionals in this. The provider also had information and training to support people, relatives and staff with bereavement when these times came.

People's care plans contained evidence of regular reviews that involved people and when things changed, these were documented. For example, one person had been seen by a speech and language therapist (SALT) as they had problems swallowing. The SALT had recommended the person had thickened fluids so the person's care plan was reviewed and updated.

Activities were organised for people that reflected their interests. Staff worked with people to identify activities that they would enjoy. One staff member told us, "We go shopping or for coffee as well as parties and going on trips." Each person had their own timetable that included clubs they attended and time going out with staff. The provider had vehicles that were used to take people out each day. Staff knew people's interests and preferences well and activities were tailored to this. For example, one person really enjoyed listening to music. Staff regularly listened to music with them and they went to musicals regularly.

People were supported to complain should they wish to. Information on how to complain was available in a pictorial format with based on Makaton signs that people knew. There had been no recent complaints since our last inspection but people met regularly with their keyworkers to identify if there was anything they

wished to change about their care.

Is the service well-led?

Our findings

People and staff benefitted from a registered manager who was committed to working with people and improving the service. A staff member told us, "If I need anything I can ask [registered manager]. He is very friendly and supportive and is quite involved." The registered manager regularly worked alongside staff supporting people and knew people very well. The registered manager interacted with people warmly and supported staff with activities that people were involved in. All staff told us that the registered manager was approachable and encouraged good teamwork. During the inspection we observed a staff meeting taking place. All staff were encouraged to give suggestions and feedback about Christmas activities people could take part in.

The provider had plans to improve the service and actions were implemented in line with them. At the time of the inspection, work was underway to refurbish the home. We observed this was being done in a way that reduced the impact of the works on people. The provider had written to people in an accessible format with pictures to tell them about the works and warning them there may be noise. Most work was carried out when people were at activities and there was a plan to ensure the home was suitable for people when they returned. People's rooms had recently been decorated and new carpet had been laid and people had chosen colours. One person showed us their room and they said they were very happy with it.

Regular audits were carried out to assure the quality of the care that people received. Audits covered areas such as health and safety, infection control and documentation. Checks also included measures of how comfortable the home was for people as well as people's legal rights and finances. People's care records were up to date and reviews occurred frequently to identify any changes in need. Daily notes were written in a format that was holistic and captured all aspects of people's day.

The provider worked alongside relevant organisations to meet people's needs. Information from a variety of agencies was added to people's notes. The provider had developed strong links with agencies who visited regularly. As well as this, the provider had developed links with local voluntary agencies and clubs. People benefitted from use of a local day club that the provider worked alongside. One person had concerns raised about a potential safeguarding concern. To manage this risk information was shared between the day club and the service about the person's wellbeing which helped to ensure any safeguarding concern could be easily identified and raised if necessary.