Brough Manor Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Brough Manor is a residential care home that provides accommodation and support to a maximum of 26 people, some of whom may have a dementia related condition. The home is situated in the town of Brough in East Yorkshire.

People were protected from avoidable harm and abuse. Staff had good knowledge and systems were in place to record safeguarding concerns and action outcomes.

Assessments of risks associated with people's care and support had been completed to ensure people received safe care and support without undue restrictions being in place.

The provider maintained safe staffing levels and recruitment included pre-employment checks to ensure people were of a suitable character to work in a care home environment.

Systems and processes ensured safe management of medicines and infection control.

People received person centred care and support to meet their individual needs. Staff were supported to access relevant training to build their skills and knowledge and regular supervisions had been completed.

Staff supported people in the least restrictive way to have maximum choice and control of their lives.

People told us they felt staff cared for them and maintained their privacy, dignity and independence.

Policies were in place to support staff in promoting equality and recognising people's diverse needs. Care and support reflected people's wishes and preferences.

People's support plans were person-centred. People had a choice of attending both group and one to one activities or events.

Systems were in place and easily accessible for people or their relatives to raise a complaint if they wished to do so.

The provider sought feedback to improve the service and experience for people living at the home. People and their relatives or representatives were involved in the planning and review of their care provision.

Quality assurance systems were in place to support the effectiveness of the service overall and to drive improvements.

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? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Brough Manor Care 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.

This was a comprehensive inspection. The inspection took place on 23 April 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people receiving a service and two visiting health professionals. We spoke with two care workers, the activities co-ordinator, the cook, a team leader, the nominated individual and the registered manager.

We reviewed a range of records which included care plans and daily records for four people and four staff files. We completed a Short Observational Framework for Inspection, which is a tool inspectors use to capture the experiences of people that are unable to express their views. We checked staff training and supervision records and observed the medication round. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and other checks.

Good

Is the service safe?

Our findings

One person said, "Yes, I feel safe here." A visiting health professional had been attending the service for over ten years, they said, "It feels like a really nice safe place to live." The provider had policies and procedures in place to protect people from avoidable harm. Staff completed safeguarding training annually and knew about the different types of abuse and how to report them. Safeguarding incidents were detailed and included any further investigations and actions taken. Staff liaised with the local authority to ensure appropriate referrals were made and advice sought when needed. One care worker said, "If I had any concerns I would report them to the senior in charge or the manager."

Risks assessments had been completed and were recorded in people's care plans. One person had been assessed as being at risk of falls and a sensor mat had been put in place to alert staff should they need assistance to mobilise. Staff had access to the risk management plan and this provided them with guidance to ensure people received safe care and support.

Checks were in place to maintain the home environment and records confirmed repairs when identified had been completed. Equipment was regularly serviced and certificates for all utilities were up to date to ensure they were safe to use.

Infection control training was completed by all staff. We observed staff wearing protective clothing such as gloves and aprons when needed during mealtimes or when administering medicines or providing personal cares.

Records included personal emergency evacuation plans which recorded details of the support people needed to safely evacuate in the event of an emergency.

We saw there were sufficient staff on duty to respond to and meet people's individual needs. Staff took time to talk with people and provide reassurance when needed. One person told us, "Yes I think there are enough staff – always a regular group of carers."

Systems were in place for the safe management of medicine. One person had thickener added to fluids to prevent them from choking – the MAR chart and label did not specify the amount staff had to use. The care worker administering medicines contacted the GP to ensure the label for the container and MAR chart were updated to reflect the amount prescribed. Staff received training during induction and had a period of shadowing an experienced member of the team before being signed off as competent. Staff had to complete competency questions designed by the local pharmacy and annual refresher training. The provider had recorded applications of patches and detailed where these had been alternated on the body map. This best practice meant that people did not get sore in one area due to repeat applications of medicines in one area.

The provider's recruitment practices were robust. Staff files recorded pre-employment checks to ensure people were of suitable character to work in a care home setting.

Good

Is the service effective?

Our findings

Records showed that staff received annual refresher training to enable them to meet people's needs. Health professionals told us, "Staff always seem quite knowledgeable." One member of staff said, "Training is delivered regularly, some of us have completed dementia training this morning."

The provider supported staff to develop their existing skills and knowledge by providing regular training, supervisions and competency assessments. Staff completed an induction to the home which included introductions to people and a period of shadowing experienced staff. Staff training was evidenced as being up to date or scheduled for staff to complete.

Annual appraisals supported people to reflect on their practice and think about any further areas where they felt support was needed or make suggestions to improve experiences for people living at the service.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded that assessments had been completed. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for consideration and authorisation.

Records clearly documented that health professionals and relatives or legal representatives of those people living at the service were invited to best interest decision meetings and signed any documentation for any decisions made.

Staff had received training in the MCA and understood the importance of promoting people's independence. One member of staff said, "I always ask people what they would like or what they want to do each day. Some residents can make everyday decisions if they are given the time."

People's dietary requirements and any known allergies were recorded to maintain people's health and wellbeing. The cook said, "The menu has four options at teatime, one of those is a hot meal. We always have salad, sandwiches and soup or any other choices people request. We offer low sugar options for diabetics so they have the same options as everyone else." We observed staff supporting people to eat and drink when required.

People's records showed that they were supported to access support from health professionals when needed. Health professionals visiting the service told us, "Staff are very responsive to people's needs and contact us with any concerns."

Good

Is the service caring?

Our findings

People told us that they felt well cared for. One person said, "Oh the carers are good." A health professional told us, "Carers are caring and build good relationships with people."

We observed positive interactions between staff and people living at the home. Staff talked to people prior to carrying out personal cares and asked people if they were ready before assisting them to other areas of the home. Staff we spoke with knew people well and one told us, "[Name] often needs support with meals; [Name] needs assistance with certain foods, but can manage with sandwiches and biscuits independently." They knew about people's dietary requirements and the level of support each person required.

Staff promoted people's dignity and understood the importance of respecting people's choices. Staff advised, "I want to look after people as I would want to be looked after. Our role is to care for people and ensure they are safe." A second member of staff said, "I always close doors, curtains and use towels to cover people during personal cares."

The manager told us there were no time restrictions on visitors to the home. People were encouraged to maintain contact with family and the manager told us that some relatives took their loved ones out to the local pub for a change of scenery.

Information was available about local advocacy services for relatives and people living at the service to read. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider had adequate security measures in place to ensure people were kept safe and their personal documentation was held securely. For example, documentation was kept in locked cupboards or offices and computers were password protected.

Staff talked to us about people's diverse needs and how they supported them. One person's culture meant that at certain times of year they would eat specialist foods. Their family had asked if they could bring in some dried foodstuffs. The cook accommodated this request and made this available to the person when they fancied them to eat. The church visited the home each month to deliver Holy Communion for those that may be interested. The provider ensured people's personal beliefs were supported and care plans detailed people's religious or cultural needs.

Good

Is the service responsive?

Our findings

People living at the home had a care plan which included emotional and psychological needs and pain management. The care plans detailed a person's level of independence and the support they may require. One person told us, "Staff do give me choices and respect my wishes." Records we looked at had been signed by the person where they had capacity to do so to confirm their acceptance and agreement to the content. Where people did not have capacity best interest decisions had been held that included a person's legally appointed representative and advocate where this was required.

Each person's care file included a recent photograph and detailed information about a person's background, family and employment. Care records were reviewed monthly and any changes updated. This ensured information remained person centred, current and reflective of people's changing needs. For example, one person had been assessed as requiring prompts to eat and drink. The provider had completed guidance for staff to follow to ensure this person's nutrition and hydration needs were met. A risk assessment had been completed for choking and a referral had been made to the speech and language therapist. We observed staff supporting and prompting this person, they were offered regular snacks such as biscuits and milkshakes fortified with cream to increase their nutritional value. Monthly reviews recorded any changes required.

Daily records were used to record information including, personal cares completed, food and liquid intake, and a separate chart for recording any behaviours that required monitoring. This information was analysed and appropriate health professionals contacted to provide advice and support which was personalised to each individual. Handovers were in place at the end of each shift to ensure staff were informed of important changes.

People we spoke with agreed they had opportunities to tell staff if anything needed changing or could be improved. Records of "resident's monthly meetings" showed that the provider was responsive in dealing with people's requests for change. For example, in February 2018 some residents had requested more fish on the menu - the provider took action and arranged a taster day for March 2018. This showed the provider listened and accommodated people's requests for change.

People who used the service were supported to engage in activities and interests which were meaningful to them. The activities co-ordinator told us, "We cater to individual's needs; some people like group activities and others may prefer to have rollers put in their hair. We have sensory items such as mittens for people living with dementia. We have a few people that love singing and dancing – one person has a radio in their bedroom and loves one particular singer." We observed two people knitting together, people had chosen to watch a snooker match on the TV and one member of staff was painting people's nails.

Staff told us a singer attends every week on Fridays, a strawberry fete was planned for July. The manager told us "The residents have been invited to the British Aerospace Club and attended. We do occasional pub trips - some residents like to have a game of pool. Someone from the church visits the home once a month for anyone that would like to attend communion. Another resident has a coffee afternoon each month and

takes a taxi to the local church group."

We observed people that chose to remain in their rooms; staff interacted with them at regular intervals throughout the day. One person required regular reassurance and staff were patient and attentive to their needs. People were involved in daily choices and decision making to ensure they were free from social isolation.

The provider had a complaints policy in place which detailed their timescales and what to expect should anyone make a complaint. One person told us, "If I had any concerns I would speak to the manager." Records showed that complaints had been managed in line with the provider's policy.

Where people had discussed their wishes and preferences for end of life care, this and any advance decisions had been documented in their care plans.

Good

Is the service well-led?

Our findings

The service had a manager in post. The current manager had submitted an application to register with the Care Quality Commission (CQC), this was in progress at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager understood their role and the regulatory requirements. Prior to this inspection we checked to make sure they had notified the CQC of certain important events as part of their registration.

Staff were motivated in their role and enjoyed working at the home. One member of staff advised, "We all get on and work well together. The manager is supportive." A visiting health professional told us, "Staff are friendly and approachable. When I come in staff are helpful and show me to the patient, if I need support the carer stays with me. If I raise concerns to staff they are always quick to respond." A second member of staff said, "To be honest, I would be happy for my mum to come here."

The registered provider completed quality assurance checks and audits to ensure continued compliance with regulatory requirements, maintaining standards of service and identifying any areas for improvement.

The provider maintained links with other health professionals. One health professional told us, "Communication is good – staff follow advice. If staff are worried about anything they always get in touch with the appropriate therapists." The manager told us, "The owner goes to meetings and updates us on best practice or any changes to legislation." In addition the manager told us they received regular training to ensure they were up to date with current practices. Transfer forms were in place which detailed people's health conditions and important contacts. This supported a person if they were transferred to a place outside the home - such as a hospital.

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire and during monthly resident, relative and staff meetings. A suggestions box was also available if anyone wanted to post a suggestion anonymously. The annual questionnaires were analysed to identify any areas that may require improvements to be made. The provider had taken actions as a result of the feedback received. For example, people had made comments that more could be made of the garden/patio area – as a result the provider had tidied the area for summer use and residents were accessing more often. Minutes of resident meetings recorded people's views and feedback in relation to various topics such as food and activities. This helped to ensure people had the best outcomes and enjoyed their experiences whilst living at the home.