Brooklands 1 Limited

The Julie Richardson Nursing Home

Inspection report

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Ratings

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

Overall summary

We visited Julie Richardson Nursing home on 20 and 21 May 2015 It was an unannounced inspection. We previously inspected the service on 7 June 2014. The service was meeting the requirements of the regulations at that time.

The service provides nursing care for people over the age of 65. Some people at the home were living with dementia. The home offers a service for up to 40 people. At the time of our visit 33 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to meet people's needs. People felt safe and supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people and benefitted from regular supervision and training in areas such as dementia awareness.

Summary of findings

People were cared for in a caring and respectful way. People were supported to maintain their health and were referred for specialist advice as required. People were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable. People who had lost weight had a plan in place to manage their weight loss. People were supported with specialist diets and nutritional supplements as prescribed.

Although risks to people's health were identified and plans were in place to minimise the risks, there was not a system to identify whether pressure relieving mattresses were set correctly. We identified one person with a mattress that was set too high for their weight which may mean they were not protected from developing a pressure ulcer. We discussed this with the registered manager who took immediate action to ensure the mattress was set correctly.

Medicines were stored and administered safely; however, one person had a topical medicine that had expired. This meant it may not be effective. We brought this to the attention of the nurse who removed it immediately and arranged for a further supply to be delivered.

People told us they enjoyed the many and varied activities. People who were living with dementia benefitted from an interesting and stimulating environment.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

People, relatives and staff were complimentary about the registered manager and the management team. The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns and these would be dealt with promptly.

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?

Requires Improvement

Some improvements were required to ensure people were safe.

Nursing staff identified and managed the risks of people's care. However, there was not a system in place to ensure pressure relieving mattresses were set correctly which could mean they were not effective.

People received their medicines safely. However, one person had a topical medicine which had passed its expiry date.

People felt safe. Staff understood their responsibilities around safeguarding and knew how to raise concerns. There were enough staff to meet people needs

Is the service effective?

Good

The service was effective. Staff received the training and support they needed to care for people.

People were supported by staff who acted within the requirements of the law.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring. People spoke highly of the staff. People were cared for in a caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive to people's needs. People were involved in the planning of their care. Care records contained detailed information about people's health and social care needs.

People enjoyed the many activities and regular entertainment on offer.

People knew how to make a complaint if required. People's views about the quality of the service were sought through residents' meetings and surveys

Is the service well-led?

Good

People benefited from a service that was well led. There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had.

Summary of findings

The provider and registered manager sought people's views to improve the quality of the service. The quality of the service was regularly reviewed. The manager took action to improve the service where shortfalls had been identified. Staff felt supported and motivated to improve the service they delivered to people.

The Julie Richardson Nursing 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 checked 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 inspection took place on 20 and 21 May 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams as well as the views of two healthcare professionals.

We spoke 10 with people who were living at the service. We also spoke with four people's relatives. 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.

We spoke with six staff, an activity coordinator the home's cook, the registered manager and the providers. We looked around the home and observed the way staff interacted with people.

We looked at seven people's care records, The medicine administration records for all people living at the service and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person said, "I feel safe". A relative told us "I know he is in safe hands when I leave and gets the best care he can". Another said, "She always looked cared for and I am confident she is safe." One person told us they felt safe because they knew staff would come quickly when they called for help. They said, "They come straight away to help and they are nice and kind".

People had risk assessments in a range of areas such as bed rails, falls, and moving and handling. Ways of reducing the risks to people had been documented. Where advice and guidance from other professionals had been sought this was incorporated in people's care plans. Staff were aware of the risks to people and used risk assessments to inform care delivery. Some people had risk assessments and equipment in relation to preventing pressure damage.

No one had a pressure ulcer at the time of our inspection. However, there was not a system in place to ensure people always had their pressure relieving mattresses set correctly. For example, one person had a specialist pressure relieving mattress in place but according to the manufacturer's guidelines this was on the wrong setting for the person's weight. Guidance was not available for staff to know what the setting should be. This meant this person was not fully protected against the risk of developing a pressure ulcer. We discussed this with the registered manager who took immediate action to ensure the mattress was set correctly. The provider told us they had a plan in place to change the pressure relieving mattresses to ones that would automatically select the correct setting. Following the inspection the provider wrote to us to confirm this had been done.

Medicines were stored and administered safely. We observed staff supporting people to take their medicines in line with their prescription. However, one person had a topical medicine prescribed that staff applied to the skin three times a week. This cream might not have been effective because it had an expiry date of March 2015 documented on it. Staff had not identified this and had continued to use the cream. We brought this to the attention of the nurse who removed it immediately and arranged for a further supply to be delivered.

People told us staff were "busy" but felt there were enough staff to meet their needs. A relative told us they had noted that "when people called out, there were always staff around to respond". The provider calculated staffing levels according to people's dependency. The provider also took account of where extra support was required in certain areas of the home to keep people safe. For example, an audit of the times people had fallen identified an increased risk in a communal area during the morning. An extra member of staff had been put on duty during this time to provide support in the lounge. A follow up audit showed there had been no further falls.

People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding people and had good knowledge of the provider's whistleblowing and safeguarding procedures. They knew how to report any safeguarding concerns to the manager or provider. Staff also knew how to protect people in the event of a suspicion or allegation of abuse, which included notifying the local authority and Care Quality Commission (CQC).

Equipment used to support people's care, for example, hoists were clean and had been serviced in line with national recommendations. People's rooms, bathrooms, equipment and communal areas were clean. The service had adequate stocks of personal protective equipment and staff used them as appropriate to prevent the spread of infection.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

People were supported to eat and drink. Meals were attractively presented and people enjoyed their food. One person said, "The food is very nice and there is plenty of it." A relative said, "Food is nicely presented like you would at home. It's been nicely prepared." The service did not have a dedicated dining room so some people ate their meal in their lounge chair using a side table. People choose where they wanted to sit and were grouped together so that the mealtime was a sociable event. People were given a choice of what to eat and people who needed assistance to eat were supported in a respectful manner.

One person who was living with dementia spent their day walking with purpose around the service. Staff used a number of different ways to ensure this person ate their meal. For example, inviting the person to join them and another service user and engaging them in conversation whilst they ate and standing with them chatting in a different part of the home whilst they ate dessert. We also observed this person being offered frequent drinks and snacks throughout the day by different staff as they were walking. Other people were offered and encouraged with regular drinks and snacks. A relative told us the snacks were varied and said, "He enjoys cupcakes and fruit cake and dishes of fruit."

People's specific dietary needs were met, for example, people had softened foods or thickened fluids where they were at risk of choking. Where people had lost weight there was a plan in place to manage their weight loss, this included contacting their GP and a referral for specialist advice. One person told us they had lost weight before coming to live at the service. They said "I'm a faddy eater and I don't get on with food very well. I lost a stone after my fall but I'm putting a bit back on now." Staff encouraged this person to eat by providing their favourite foods and ensuring they took their dietary supplements as prescribed.

People had regular access to other healthcare professionals such as, chiropodists, opticians and dentists. Where possible staff accompanied people to their appointments. One person told us, a staff member had "taken me to see a podiatrist yesterday." People were referred for other specialist advice for example, from the speech and language therapist (SALT) if they were thought to be at risk of choking, or a physiotherapist for support with mobility. We saw evidence specialist advice was followed.

Professionals told us they were notified of people's changing needs. Details of any professional visits were documented in each person's care record, with information on outcomes and changes to treatment if needed. Where people had specific healthcare needs regular monitoring checks took place and any concerns were notified to the GP promptly. For example, one person had diabetes, their care plan stated that if their blood sugar reading was raised above a certain level the GP should be informed. Entries in the person's care record showed that this had been done.

People were supported by staff who were knowledgeable about the care they required. Staff were motivated to develop their skills further and spoke positively about the training available to them. One staff member described how the training in dementia care had helped them to understand some of the behaviours people who were living with dementia may display. They said, "if people are walking around they may be expressing a need, looking for something, they may be hungry or need the toilet". Another staff member had received training in challenging behaviour. They told us this had helped them to recognise and respond to triggers that may cause challenging behaviour to prevent it occurring.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Supervision gave staff the opportunity to discuss areas of practice. Actions were set and followed up at subsequent supervisions. Staff were also given the opportunity to discuss areas of development and identify training needs.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were always asked to give their consent to their care, treatment and support. Where people lacked the capacity to consent or make some decisions staff had followed good practice guidance by carrying out, best interest decision making processes. For example, about the management of people's money, decisions about self-administering of medication and choosing to reside in the care home.

People could move around freely in the communal areas and courtyard area of the building. People benefitted from

Good

Is the service effective?

an interesting and stimulating environment. There were several sitting rooms and themed areas, which gave people a choice of where to spend their time. There were familiar domestic and tactile objects throughout the communal areas.

The provider understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. The provider was aware of the outline of the supreme court judgement and had sought advice and support to identify people whose situations might now be brought into the widened definition of deprivation of liberty.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. Comments from people included, “The staff are all wonderful. The young ladies are like little mothers and the men are very friendly and helpful and have always got a smile” and “I'm quite content and comfortable and the girls can't do enough for you, they are polite and always have a smile and they always have a little chat.” Relatives said, “They [staff] are all very courteous and very caring and treat him [relative] with respect” and “Staff are fantastic”. Visiting health and social care professionals told us people were cared for by dedicated, caring staff.

The atmosphere in the home was calm and pleasant. There was chatting, laughing and singing throughout the day. People were treated with respect, warmth and obvious affection. There were many caring interactions between staff and the people they were supporting. For example, one person was being assisted to move using a hoist. The person appeared comfortable and staff were courteous, reassuring and patient. Staff knew people well and demonstrated they were familiar with people’s needs. A relative told us “They know him now and how to respond to him and to tap into each of the residents and press all the right buttons for a feel good factor.”

Staff responded promptly when people asked for help. Where people were not always able to ask for help staff were sensitive to their needs. For example, one person looked uncomfortable. A staff member noticed quickly and asked the person what was the matter. They listed some things that could be wrong and established the person was feeling chilly. They fetched the person a cardigan and assisted them to put it on.

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. Staff knocked on people’s doors, waited to be invited in before entering and addressed people with their preferred name. People were clean, well kempt and dressed appropriately for the weather. A relative said, “He has always got clean clothes and any spills are dealt with very quickly.”

People were supported to be independent and were encouraged to do as much for themselves as possible. A staff member said to us “we encourage people to take part in things and do as much for themselves as physically possible”. A relative told us, “The staff have got to know, they understand that she can do things for herself.” Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, walking frames and specialist cups and plates at mealtimes.

People were able to have visitors when they wanted. Visitors told us they were always made very welcome. One relative said “Visitors get treated with respect too.” Another relative told us how theirs and their relatives privacy was respected when they visited. They said "When I come to visit they will collect Mum from the lounge and come up here so we can talk and then when I go I ring and they come and take her back down to the lounge".

People’s preferences were respected. For example, one person preferred to spend their time in the lounge in a particular chair. Another person was given a newspaper at breakfast time because they liked to spend their day reading the newspaper.

Relatives told us the communication at the service was good and where people had given permission, or it was in a person’s best interest, they had been fully informed about residents’ care. For example, on relative said, “If he needs a GP they call us when needed. They always phone Mum to let her know he is OK.”

Good

Is the service responsive?

Our findings

Before people came to live at the home their needs had been assessed to ensure that that they could be met. People and their families confirmed they were involved in the planning and review of their care. People's care plans and risk assessments were regularly reviewed to respond to people's changing needs. Care records contained detailed information about people's health, social care and spiritual needs. They reflected how each person wished to receive their care and support and gave guidance to staff on how best to support people. For example, one person's communication care plan stated "ensure she has her glasses on" and their mobility plan stated "able to take a few steps with a frame" and "required wheelchair for a longer distance". We observed this person being encouraged and supported to walk into the dining room with their frame for their lunch and they were wearing their glasses.

People were encouraged to go out with their relatives so they lived the life they chose. One relative told us "If we want to take her out somewhere we can phone in advance and they will get her into a wheelchair and then we can go out." Staff also encouraged and supported people to maintain links with the community to help ensure they were not socially isolated by taking them out on trips. For example, people had been supported to visit a motor museum the week before the inspection. A relative told us their father "really likes the trips out" and another told us their mother had "enjoyed trips out to the park."

People told us they enjoyed the many other activities on offer such as one to one sessions with the activity coordinator, visiting entertainers, board games, arts and crafts and gardening. For example, one person was growing their own sweet peas from seed. Activities were not seen solely as the remit of the activity coordinator. Staff took time to chat with people and look at books or newspapers with them. Routine activities such as completing menu cards were also seen as opportunities for spending time with people to promote interaction and stimulation. People were supported to continue doing activities they liked. For example, one person enjoyed knitting. They could use the knitting needles but were unable to 'cast on' so staff did this for them.

Feedback was sought from people through regular relatives and residents meetings. Letters were sent to relatives inviting them to attend. If relatives were unable to attend they were asked to phone with any points they wanted discussed and the minutes of the meeting were posted out to them. Actions were taken to address any issues raised. For example, A relative told us, "I asked at the relatives meeting for the staff to wear name tags and I was told "what a good idea" by the owner and it was done soon after."

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. Comments included, "If I get any concerns I can tell the nurses and it is rectified immediately" and "If I have any worries I just see the head nurse and she will sort it out". Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring.

Good

Is the service well-led?

Our findings

The service was well led by the provider and 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 2008 and associated regulations about how the service is run. The registered manager had been in post for a number of years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. People and relatives were complimentary about the management team. The registered manager worked a mixture of clinical and non clinical shifts to support staff and undertake management responsibilities. People and their relatives told us the manager was frequently visible around the service and observed they stopped to chat with people and check all was well.

The office was organised and any documents we required in relation to the management or running of the service were easily located and well presented. There were a wide range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. Where any shortfalls had been identified there was an action plan in place to address them. Audit processes were also reviewed to identify areas where improvements could be made to the information gathered. For example, the registered manager had recognised that the audit of wound care did not take into account people's experience. The audit form was changed and people who required wound care dressings were then asked for their views about their care and treatment and any suggestions for improvement.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service.

People were actively encouraged to provide feedback through a satisfaction survey and the results of these, as well as the quality assurance systems such as audits and accidents and incidents, were also reviewed at a more senior level within the organisation. The management team reviewed the results and took steps to maintain and improve the service's performance. For example, a recent satisfaction survey showed that 78 percent of respondents were happy with the food. The management team looked at the comments from people who were not happy with the food and identified a theme with the choices on offer and the temperature of the food. The provider had the ovens serviced, purchased new food probes, arranged for people to have a tasting session with an external company to inform menu planning and changed the way food was served at mealtimes to ensure food reached people in a timely way at a suitable temperature.

Staff spoke positively about the team and the leadership. They described the provider and registered manager as being supportive and approachable. Staff described a culture that was open with good communication systems in place. Staff felt valued, motivated to improve the service for people and were confident that the management team would support them if they used the whistleblowing policy or needed to raise concerns. A staff member told us about an instance when they had raised a concern about another staff members performance. They said this had been taken seriously and prompt action had been taken to address the concern.