

Centurion Health Care Limited

Brook House

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

About the service

Brook House is a residential and nursing home and was providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

Brook House is an older style property which has been adapted to provide facilities and accommodation for people with a range of physical needs.

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

People and their relatives were complimentary about the service. One relative told us, "I am very pleased with the care here. The staff are amazing. One person told us, "They can't do enough for you."

Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Recruitment files confirmed staff had been safely recruited.

Risks associated with people's care and support needs had been identified and actions taken to minimise risks. Care plans were individualised and reflected people's preferences.

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.

We observed staff interacting in a positive way. People told us they enjoyed living at the service.

Staff had been trained in the administration of medicines. People received their medicines in line with the prescriber's instructions.

Staff received an induction when they first joined the service and regular training was completed and refreshed when required. Staff told us they enjoyed working at the service and had received regular supervisions and support.

People were able to take part in community social events and an in-house activities programme was available.

A complaints procedure was in place. Relatives told us they knew how to make a complaint if they needed to. The provider had a quality auditing system in place. Accidents and incidents were documented and reviewed as necessary.

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 14 June 2017).

Why we inspected

This was a planned inspection based on the previous 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 ●

Brook House

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 one inspector and one inspection manager on the first day and one inspector on the second day.

Service and service type

Brook House 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 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 four people using the service, two visiting relatives, four members of the care team, the owner of the service, the registered manager and two members of the activity team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including each person's medicine chart. We looked at six care plans and records associated with the care plans. We also looked at records relating to the way the service was run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at fire inspection records.

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 in place to ensure people were protected from abuse.
- Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe. One person we spoke with told us, "They can't do enough for you, the girls here are great." One relative said, "I am very pleased with the care here, mum is certainly safe."

Assessing risk, safety monitoring and management.

At the last inspection we recommend staff were further reminded about the risk posed by trailing cables and switches left on at the wall socket. At this inspection we found the provider had addressed this.

- People were supported to maintain their safety and risks were managed appropriately. For example, risk assessments were in place to manage risks such as those relating to falls, pressure ulcers, nutrition, choking and moving and handling. These contained clear guidance for staff about how to manage the risk and keep people safe.
- People had personal emergency evacuation plans (PEEP's) in place which detailed the support people required to evacuate the building in the event of an emergency.
- People lived in a safe and well-maintained environment. Checks were completed as required to ensure that the environment remained safe, such as gas and electrical safety checks. There was an up-to-date fire risk assessment in place and legionella certificate. Equipment such as the passenger lift and alarm call system had also been serviced regularly to ensure they remained in good working order. Records showed that any maintenance issues were identified and addressed promptly.
- We saw a recent fire inspection which had been carried out by the local fire officer. The inspection confirmed people were protected from the risk of fire breaking out.
- Staff told us due to the building being an old-style property and some people living on the top floor people were supported to access the lift when required and there was no one who used the stairs to access the ground floor.

Staffing and recruitment

- We saw the provider had a system in place to ensure sufficient numbers of staff were available to meet people's needs. People told us, and we observed there were enough staff to support people.
- The providers recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.

Using medicines safely

- The provider had a system in place for managing people's medicines. Where issues occurred, this was dealt with. For example, we saw one person had not received their stock of medicine from the surgery. The provider dealt with this by contacting the surgery immediately. It was found that the manufacturer had problems with obtaining the medicine. We saw a letter from the GP to confirm the person would not suffer in any way as a result of not having this medicine. We saw that during our inspection the medicine had been obtained and the person had recommenced the medicine.
- We observed medicines were administered appropriately following best practice guidelines. Where 'as required'(PRN) medicines were given a protocol was in place to ensure the guidelines were followed.

Preventing and controlling infection

- The service was cleaned to high standards. Staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends.
- Measures were put in place when an incident occurred to prevent recurrence, such as alarm mats, door sensors, mattress sensors and chair sensors, where people have fallen at night, or in the lounges.

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

- People's needs had been assessed and recorded in order to develop their care plans. These were detailed and included information about what support was needed to meet their needs.
- Care plans were developed with people and ensured their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture religion and disability.
- We saw one person had a preference of female only staff attending to their personal care this was mainly due to their religion. In addition, another person required specific food due to their religious belief. This was respected by staff and the service.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new staff.
- Staff we spoke with told us they were supported in their role and had regular supervisions with their manager. The records we saw confirmed this.
- People we spoke with told us staff knew them well and were knowledgeable about their support needs. One relative told us "The staff here are amazing, they keep me updated." Another relative told us, "Mum only came here for respite and when I came to pick her up she didn't want to come home."

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

- Care plans included detailed information about the support people required with their nutrition. This included information about any input from healthcare professionals such as the Speech and Language Therapist (SaLT) and the texture of food.
- Food and fluid charts were in place for people who required this and supplements were given on the advice of the dietitian and G.P. Catering staff were made aware of any dietary requirements or restrictions on what people could eat. Pureed and soft meals were offered to people with swallowing difficulties and one to one support was in place for people who found it difficult to support themselves.
- People were supported to eat a healthy, balanced diet and made positive comments about the food such as "Excellent! A lovely choice. If you don't want what's on the menu up front you can choose something else" and "It's very good, I had a roast yesterday." We observed a lunchtime meal and saw that people were offered choices including a variety of soft drinks and an alcoholic beverage such as wine if this is what they

preferred. We observed that one person had requested a jacket potato with beans and cheese for their lunch as an alternative to what was on the menu and this is what they had.

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

- People were supported to see healthcare professionals and maintain their health. Routine appointments were made with the GP, dentist and optician and people were supported to see other healthcare professionals such as SaLT and podiatrists where required. For example, one person had received extensive support from SaLT to help improve their communication which had had a positive impact on their ability to communicate with people and their wellbeing.

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

- The premises were suited to people's needs. Equipment had been provided to meet the needs of people with disabilities. Adapted baths, handrails, raised toilet seats and a passenger lift was in place. People could access the garden from the conservatory and were able to view it from the lounge.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. The service had made applications to the local authority before DoLS authorisations had expired.
- Staff told us they always gained consent before supporting people. We saw people were supported to make decisions about their day to day care and staff were observed asking people for their consent before supporting them. DNACPR were in place and accessible at the front of people's care files. Mental capacity assessments had been completed so there was clear information about the decisions people were able to make for themselves in order to protect their rights.

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 were treated with kindness and respect. We observed staff interacting with people in a friendly manner, involving them in their conversations and taking time to ensure they were supported in a way that met their preferences.
- Lunchtime was a very social occasion and people were singing songs with staff and enjoying the occasion. When talking about the service and staff people's comments included "It's a home from home", "They're [staff] very friendly, asking what you want" and "I enjoy the one to one with staff, chatting."
- Other comments included, "They're [staff] all decent people" and "They are nice, the nurses." People had been asked if they were happy for staff to use terms of endearment. One person had requested that staff didn't do this and were very clear about how they wanted to be addressed by staff and this had been respected.

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

- Records showed, and people and relatives told us they had been involved in their care plan. One relative said "Yes they keep me updated and we have had a care plan review." People made every day decisions about their care and support. Staff told us they respect each person's individuality. One member of staff told us, "We offer them choice of what to wear even if they are supported in bed and are unable to get up."
- Surveys were sent to families to get their feedback on the service provided. Quarterly Resident Meetings allowed the service to make any changes people and their families requested where possible.

Respecting and promoting people's privacy, dignity and independence

- The service promoted dignity and respect. For example, privacy screens were used when moving and transferring people in the general areas. Staff knocked on bedroom doors before entering. Staff told us, "We encourage independence as much as possible."

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 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

- People's individual needs were met. Care plans contained detailed information about people's needs and preferences and clear guidance for staff about how to meet these. Life story work had also been completed to enable staff to get to know and understand people. This included details of people's early life, their family, employment, interests and significant events.

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.

- People were supported to communicate their needs. One care plan contained detailed information about how staff were to communicate with the person to ensure they could make themselves understood. For example, it stated that staff should face the person, speak slowly, look for non-verbal cues and use pictures.
- People were supported to have regular eye tests and the service had currently changed the company used and now used the services of a dementia friendly optical company, who provided people with an easy read guide about the service. This provided a guide in pictures and large print which clarified appointments, test results and stated if further tests were needed and why. This was also sent to the person's families. Staff updated this via the communication book and care plans.

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

- People told us that the activities provided were good and one person said, "There's lots going on". We saw activities taking place on both days of our inspection. Indoor activities included singers, three plays a year performed by an Oxford Theatre Company (which included a Pantomime at Christmas) a classical guitarist, Trained Birds of Prey, light armchair activities provided by an external company, exotic animals and fluffy pets.
- The service encouraged community events such as trips out to various places. In addition, when people were unable to attend a community religious service the provider enabled the service to come to the home.

We were told the local brownies visited the service and a gospel choir had been arranged to visit.

- We were told about one person's wish which was to visit the local stables to see the horses. The person had been a regular horse enthusiast and kept horses before they retired. However, the person became unwell and was not able to visit the stables. We were told a member of staff who worked at the service had their own horse. The member of staff was asked if they could bring the horse to the home, so the person could see and stroke the horse. This was achieved, and the person was able to see and have contact with the horse outside the home. This demonstrated the service 'went the extra mile' to make the person's wish come true.

End of life care and support

- End of life care plans were in place and people's wishes recorded. We saw the service worked with the palliative team when people were receiving end of life care. Nursing staff had been trained in the Gold Standards Framework for end of life care. There was no one receiving active end of life care at the time of our inspection.
- We saw end of life records made reference to people's preferences, protected characteristics and culture.

Improving care quality in response to complaints or concerns

- The service acted on all concerns and complaints in a timely manner and ensured that the desired outcomes were reached. People told us they knew how to make a complaint. Relatives said the service was approachable and ... "I know I can approach them" and "I have absolutely no complaints." There were no complaints at the time of our inspection.

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

- We received positive comments about the way the service was run. Relatives told us, "I have faith in the registered manager" and "I am very pleased with the way the home is run." Staff told us "We are a good team we all work together", "The manager is very hands on she gets involved" and "If you have any family issues or worries you can talk to [registered manager]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was supported by care staff and qualified nurses. Staff we spoke with were clear about their role and responsibilities.
- Governance systems monitored the quality of the service. Quality assurance checks were completed covering areas such as accidents, infection control catering, medicines and care planning. Care plans were audited monthly. However, we saw one care plan that had not been updated to reflect a change in the person's circumstances in relation to nutrition. This was discussed with the registered manager who addressed this immediately.
- The registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.

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

- Staff were positive about working at the service and told us they worked together as a team. They told us, "I genuinely believe we offer good quality care" and "The management is well structured and organised."
- The provider involved people and their relatives in the running of the service. We saw relatives and residents' meetings took place on a regular basis.
- The service had an open-door policy and ensured people, friends, family members and staff were aware of this and were able to raise concerns and discuss any issues or problems. Staff were supported through regular supervision and received the appropriate training to meet the needs of people. Staff meetings took

place monthly where good practice and ways to improve were discussed. Communication was shared during handovers, between shifts.

- People had strong links with the local and wider communities and were given opportunities to visit places of interest and to enjoy the local area, by visiting the local pub and engaging in events such as the May Day festivities and Remembrance Sunday Events

Continuous learning and improving care; Working in partnership with others

- The service was keen to discuss lessons learned with staff both formally and informally. Regular audits completed ensured care was monitored and provided in a safe way.

The service was supported by other agencies such as palliative teams and visiting opticians.