

Memory Lane Care Homes Limited

Bryony Park Nursing Home

Inspection report

Thompson Road
Southwick
Sunderland
Tyne and Wear
SR5 2SH

Tel: 01915497272

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20 November 2017

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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

Bryony Park is a nursing home which is registered to provide 44 places. The home provides care for people who require personal care or nursing care, including people living with dementia. There were 43 people living at the home when we visited.

At the last inspection in July 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives gave us consistently positive feedback about the care provided at the home. We observed staff attended to people's needs with kindness and consideration.

People, relatives and staff described the service as a safe place. They also said there were enough staff on duty to meet people's needs in a timely manner.

Staff had a good understanding of safeguarding and knew about the provider's whistle blowing procedure. They also knew how to report concerns.

The provider operated effective recruitment procedures to ensure new staff were suitable to work at the service.

Medicines were managed safely. Staff administering medicines had completed relevant training. We found accurate records to account for the medicines people had been given.

There were regular health and safety checks in place. The provider had up to date procedures to deal with emergency situations.

Staff confirmed they received the support and training they needed.

People were supported to meet their nutritional and healthcare needs.

People's needs had been assessed and the information used to develop detailed and personalised care plans. These were reviewed regularly to check they were still reflective of people's needs.

People had opportunities to participate in activities such as trips to the seaside and feeding horses at a local farm.

Complaints had been fully investigated. Although people and relatives gave us positive feedback, they knew how to raise concerns if required.

The service had an established registered manager. People and staff felt the service was well managed and

the registered manager was approachable.

A range of quality assurance checks were carried out to help ensure people received good support.

Very positive feedback had been provided during the last consultation with people and relatives.

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.

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|---|----------------------|
| Is the service safe? The service remains Good. | Good ● |
| Is the service effective? The service remains Good. | Good ● |
| Is the service caring? The service remains Outstanding. | Outstanding ☆ |
| Is the service responsive? The service remains Good. | Good ● |
| Is the service well-led? The service remains Good. | Good ● |

Bryony Park 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 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 which took place on 13 and 20 November 2017. The first day of our inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning.

One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. 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.

We spoke with nine people and five relatives. We also spoke with the registered manager, deputy manager, senior care worker and three care assistants. We looked at the care records for four people who used the service, medicines records and recruitment records for five staff. We also looked at a range of records related to the quality and safety of the home.

Is the service safe?

Our findings

People and relatives told us they felt the home was a safe place to live. One person said they definitely felt safe and told us, "I can now go to bed and not have to listen out for noises." Another person told us, "I feel much safer now than when I did at home." One relative described how they always observed staff passing people's bedrooms and enquiring as to their wellbeing.

Staff also felt the home was a safe place. One staff member said, "It is very safe. The carers are all aware of care plans. We know who is at risk of falling." Another staff member told us, "I feel it is safe. We have key pads on the door. We have alerts and sensor pads," A third staff member commented, "I would say it is safe, staff are fully trained."

Whilst we were speaking with one person in their bedroom, a care assistant knocked and entered the room. They apologised but went on to explain they had noticed the door was closed and because this person never had the door closed during the day was checking if they were alright.

Staff were knowledgeable about both the provider's safeguarding and whistle blowing procedures. They knew how to raise concerns and said they would not hesitate to do so if required. One staff member said, "I would use it (whistle blowing procedure) if I had to. I know I can go to [nurse] or [registered manager] or [deputy manager]." Another staff member commented, "I definitely would raise concerns without a doubt. I put my residents first." When we last inspected we found the provider dealt with safeguarding referrals effectively. This continued to be the case. Previous safeguarding concerns had been referred to the local authority safeguarding team, fully investigated and action taken to keep people safe.

People and relatives confirmed that when people needed assistance staff attended to their needs straightaway. One relative commented, "The staff here are brilliant, they come straight away when needed and they keep an eye on [family member] all the time."

Staff also felt staffing levels in the home were sufficient to meet people's needs. One staff member told us, "Staffing levels are good, we can see to people's needs. There has never been a time when we have not had a full team." We saw staff were visible throughout the home and available should people require assistance. A care home staffing tool was used to monitor staffing levels. We viewed the most recent review from November 2017 which showed more staffing deployed than the tool recommended.

There were effective recruitment procedures in place to help ensure new staff were suitable to work at the service. For example, completing a range of pre-employment checks before new staff started working with people using the service. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider had systems for the safe management of medicines. Only trained and competent staff administered people's medicines. We found medicines related records were accurate such as for the receipt,

administration and disposal of medicines. Medicines care plans were in place which gave information about how people wanted to be supported with medicines. Medicines were stored securely with daily temperature checks of the treatment rooms and medicine fridges carried out to ensure medicines remained safe to use. Relatives confirmed their family members received the right medication at the right time.

The provider carried out a range of health and safety related checks to help keep the premises and equipment safe for people to use. For example, checks of fire safety, gas safety, electrical safety and specialist equipment used when supporting people to mobilise. Records showed these checks were up to date when we visited the service. The provider had up to date policies and procedures to help people continue to receive the care they needed in emergency situations. Personal emergency evacuation plans (PEEPs) had been developed which gave details about each person's individual support needs in an emergency.

Risk assessments had been carried out to minimise the impact of any potential risks identified. These covered a range of areas including cleaning, food preparation, legionella and using specialist equipment, such as hoists, slings and bedrails. A fire risk assessment had also been carried out.

The registered manager logged and investigated Incidents and accidents. Records showed a full review of incidents had been carried out and action taken where required. Action taken included additional observations and hospital treatment. We noted a monthly analysis of falls was carried out and additional action taken where trends had been identified. For example, there had been an increase in the number of falls in the home during October. As a result staffing levels had been reviewed and an additional member of staff deployed.

We found the service was well decorated, well maintained and very clean. People and relatives told us they were happy with the bedrooms and the overall condition of the premises. They commented they felt the home was always clean. One relative described the home as "very clean" and that "they were always making improvements". We observed domestic staff present throughout the day attending to the cleanliness and upkeep of the building.

Is the service effective?

Our findings

People told us staff providing their care were skilled and knowledgeable. One person told us, "The staff have the right skills, they all have their own lovely ways." One relative said, "The staff here are so good, they all know each resident and know their needs."

Staff said they were well supported and received the training they needed. They also described there being a strong ethos of team work at the home. One staff member commented, "We all work together as a team." Another staff member said, "We have supervision every two months. We talk about training and development." A third staff member told us, "We are a good team. We have a one to one every three months with the manager or deputy." The provider had deemed some training as essential for care staff to complete. This included fire safety, moving and handling, infection control, nutrition, first aid and end of life care. Records we viewed confirmed training, supervisions and appraisals were up to date when we visited.

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). We found the appropriate DoLS authorisations were in place for each person requiring authorisation. People's care records contained examples of MCA assessments and best interest decisions such as for covert medicines administration.

Staff had a very good understanding of how to promote choice and decision making. They gave us examples of strategies they used such as showing people items and objects to choose from.

People were supported with nutrition in line with their individual needs. One relative told us they were involved in their family member's care planning. They said their needs were met, including support with meals and drinks and being provided with nutritional supplements.

People gave us positive feedback about the meals provided at the home. One person said, "The food is good and yesterday I had a dinner which was the best I have ever had." Another person who required a special diet commented, "Although I eat soft food it is nice and tasty."

We observed over lunch time the Deputy Manager supervised people's dining experience. There were five staff involved in the meal service. The dining room was light, airy and clean with a pleasant outlook onto the main garden.

Five people were present in the dining room as the majority of meals were taken within people's rooms. We saw people were supported in line with their individual needs. Staff interacted and engaged with people. One staff member provided one to one support for a person who needed assistance with both cutting up food and support with eating. Staff encouraged people to eat and drink. They also offered alternatives to the main menu if people wanted a different option and checked people had enough to eat. We noted the atmosphere in the dining room was quiet and calm. Meals were served in a structured way and in a timely

manner. People were not rushed and had the time to eat at their own pace.

Although the dining room was relatively small there was sufficient space between the tables to deliver the meals in a safe and efficient manner. Walking aids were stored away from the dining room to avoid obstruction and tripping hazards.

As the majority of meals were consumed by residents in their rooms I observed that the Deputy Manager had a check list and each tray of food and drink was checked off for each person and instructions given to staff before they left the dining room.

People were supported to access the health care they needed. One relative told us about how their family member was on regular observations as they were at risk of skin damage. They said that due to the care they had received at the home there had been an improvement in the condition of their skin. Another relative told us about how a doctor was called when his family member took ill. They went on to tell us their family member was diagnosed and treatment and medicines were provided straight away. A third relative said, "If there is anything wrong [health wise] they get somebody to look at it straight away."

Is the service caring?

Our findings

When we last inspected Bryony Park people and relatives gave us 'wholly positive' feedback. During this inspection we received equally positive feedback. People and relatives gave consistently excellent feedback about the care provided at the home. People commented: "I am treated like royalty in here and nothing is a bother to the staff"; and, "I am a lucky lady to be living here, I have been very happy since I have been here and feel very settled." Relatives comments included: "The care my [family member] receives is brilliant"; and, "In my opinion this is a five star service."

People received their care from a team of kind, considerate and caring staff. One person said, "They are good friendly staff and they are always there to help you, they are very kind to me." Another person told us, "I am definitely happy with the care I receive, the staff are really kind to me and I cannot fault any of them." A third person commented, "The staff are so kind and pleasant to me and nothing is any trouble to them." A fourth person told us, "The care is very good ... the staff are so sincere and caring to me and also my family." One relative told us, "Without a doubt I am happy with the care my [family member] receives". They went on to tell us they were involved in all aspects of their family member's care and rated the care provided at the home as "ten out of ten." Another relative said they had visited many homes and said, "This home is fantastic."

Positive feedback had been received from people and relatives as part of an annual consultation exercise. One relative described the home as "exceptional" and the staff as "fabulous". Another relative described the home as "a special place".

A visiting health professional gave us positive feedback about the home. They told us the home was able to provide care "really well". They also had confidence in the management of the home. They commented, "I am really happy with the home."

We found one person living at the home had a specific and complex medical condition with constantly changing needs. The provider had worked closely with the person's consultant and staff had also completed specialised training in this area. This meant they had developed the appropriate skills and knowledge to care for the person and enable them to remain at the home. Staff supported the person to attend a local support group specifically for people living with this particular condition. This allowed them to have access to the specialist support and to maintain links with friends and the local community, something which was very important to the person. The provider also arranged for the person to have access Wi-Fi in their room. Staff were supporting the person to use the Wi-Fi to complete their life story so that this was available to family in the future. This again was something that was very important to the person.

Staff were engaging and interacting at all times, showing patience, empathy and understanding. We observed one staff member in a communal area going around checking everyone was alright and whether they needed anything. They ensured every person was included. We noted the staff member was concerned that one person had not been drinking much recently and offered gentle encouragement to take sips from

their drink. The person was also offered a selection of drinks in order to encourage them to drink. A staff member knew another person liked to have something sweet with their tea. They brought the person a selection of sweets to choose from, the person then chose what they wanted.

On another occasion a staff member noticed that one person was sat away from other residents in the lounge. We saw they went over to the person and asked them gently whether they would like to join the other people in the lounge. The person said they would so the staff member arranged for their chair to be moved. The staff member then took time to introduce the person to the other people next to them. We overheard them say, "Do you remember [person's name]? She normally sits over there." The staff member went and brought a small table across for the person as they were about to serve drinks. The person appreciated the support they received and thanked the staff member for their kindness.

Staff were motivated and enthusiastic. They went out of their way to try and meet people's individual preferences. For example, staff made sure one person had the take-away meal they loved every week. This enabled the person to continue experiencing the curries and Chinese food which they loved. Staff had also supported the person to attend a local football match so that they could watch their favourite football team. The registered manager told us the person really enjoyed this experience.

Other examples included supporting one person to meet family at a local restaurant and supporting another person to have twice weekly shopping trips. The registered manager told us it was documented in the person's life story that they used to love going shopping. Special arrangements had been made with local shops for twice weekly shopping trips. The registered manager said, "The chef gives [person] a small shopping list such as bread and eggs. The staff vary who take her but [person] loves this activity." This meant people were supported to continue with activities and interests they had prior to moving into the home and to maintain links with their local community.

One relative told us the home had been recommended to them by their family member's consultant. They said, "It is fantastic. It is one of the top homes around here. The staff are very attentive to [family member's] needs. [Family member] likes curry so they made curry dishes for them. They put themselves out that little bit."

People told us staff respected their privacy and they were treated with dignity. Relatives also provided similar feedback. They gave us examples of how staff always knocked on their bedroom doors or asked for permission if the doors were open before entering. We noted staff closed people's doors when supporting people with medicines or assisting people to the bathroom. One person said, "The staff have the utmost respect for my privacy and dignity, they also have the utmost respect for my family and friends who visit me." Another person commented, "I am treated with dignity and respect and I am highly impressed with the way staff do things for residents". One relative told us, "The staff treat my wife with the utmost dignity and respect."

People described warm and friendly relationship they had with the care staff. One person said, "Staff listen to me, we have a good crack." Another person commented, "The staff listen to me, they are proactive and tell me what is happening all the time." Staff talked about people with affection when we spoke with them. We observed staff were calm and gentle when having conversations with people.

People were supported to be as independent as possible. One person told us about how they valued their independence. As an example they told us about how that staff respected their wishes to take their meals in their room rather than the dining room. Another person commented, "Staff promote independence but encourage me to visit the lounge when I feel up to it." A third person said, "I like my independence and staff

respect my wishes." They also told us that although staff promoted independence they still received support when needed. For example, staff ensured their computer tablet was kept charged and how staff supported them to access and operate the tablet.

Is the service responsive?

Our findings

People's needs had been assessed to help identify the care and support they required. The assessment was detailed and covered a range of needs, such as mobility, communication and nutrition. The information gathered during the assessment was then used to develop detailed and personalised care plans.

Each person had a document called 'This is me' which gave a summary of what was important for each person and details of their care preferences including their likes and dislikes. For instance, important information staff need to know about each person, their preferred routines and their life history.

All of the care plans we viewed described the support each person needed. They had a clear aim identified and the steps needed to provide the care people wanted. For example, one person had been assessed as at 'high risk' of falling. The associated care plan described how many staff were required to help the person mobilise as well as the additional measures in place to keep the person safe. Care plans also highlighted where people had particular preferences. Care plans had been evaluated regularly to keep them up to date with people's changing needs.

Each person had the opportunity to complete an advanced care plan. This gave details of any particular wishes the person had for their end of life care. The advanced care plan clearly identified how the person wanted to be cared for and included any important needs they had around religious faith and beliefs.

People told us there were activities, social events and outings available. People who usually did not take part advised they were aware of the events on offer but were not pressurised into attending. They said they would participate in them if they were up to it. Activities available included trips to the seaside and feeding horses at a local farm. One person said, "There is a big activities board. Staff come round every day to tell me what activities are planned." Another person told us, "There are all sorts of activities on offer. I get a special cushioned wheelchair when I go out. I have my hair done when I go to the local shops." One relative commented that the activities available were "excellent".

Some people said they were supported to go outside and access the local community. Examples they gave were visits for medical appointments, outings to local shops or being taken out for lunch, and when weather permitted, enjoying the garden area.

At one point we observed the deputy manager having an impromptu dance with a person in the lounge. The looked as though they thoroughly enjoyed the experience.

Information about the provider's complaints procedure and how to complain was contained on the service user guide. People told us they had not had the need to raise concerns or a complaint about their care. Although none of the people we spoke with could recall being given information on how to make a complaint, they told us that if they did have a complaint they would know how to make one. Most told us they would approach the registered manager or deputy manager in the first instance. One complaint had been received and this was being investigated at the time of our inspection.

Is the service well-led?

Our findings

The home had 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.

People and relatives knew the names of the registered manager and deputy manager. One relative told us, "I always feel comfortable coming in here and receive a warm welcome. [Registered manager] is very approachable." Another relative commented, "[Registered manager] genuinely cares."

Staff described the registered manager as very supportive and approachable. One staff member said, "The registered manager is very approachable. She is lovely." Another staff member commented, "I can go to [registered manager] with anything. She always helped me." A third staff member told us, "[Registered manager] is a very good manager and nurse. I feel like I can talk about anything."

People and relatives told us they thought staff in the home were happy in their work and there was a good atmosphere about the home. Their comments included: "The staff are happy in their work and they work as part of a team"; "You never hear them [staff] talking behind someone's back"; "I have never heard of one complaint about the home"; "The atmosphere is friendly, the staff are always happy and you can hear them laughing with residents"; and, "The atmosphere in the home is good and I always receive a warm welcome."

Staff also told us the home had a positive and friendly atmosphere. Their comments included: "A good homely, atmosphere. We all get along well"; and "Lovely, this is the best home I have worked in."

There were opportunities for people to give feedback about the service. People told us they had completed on-line surveys or attended meetings for residents and relatives. One relative told us regular meetings were held for residents and relatives. They said as well as providing an update and future plans for the home, staff encouraged them to raise any issues or concerns. Another relative commented, "At the residents meetings I have noticed that the staff are receptive to and encourage suggestions." A third relative said, "At residents' meetings staff ask for suggestions and comments, they listen to your views and they are acted on." A fourth relative commented, "At meetings the staff say that they would rather know of any concerns even if they were only minor."

Staff were also able to share their views and give feedback through attending staff meetings, daily handovers and speaking directly with the registered manager. Minutes from staff meetings were available to view which showed discussions had taken place about training and development, accidents and incidents, risk management, fire safety and health and safety.

When we last inspected the home we found the provider had an effective system of quality assurance audits to check on the quality and safety of people's care. During this inspection we found this was still the case. Audits were completed consistently and were up to date when we visited. These covered areas such as

medicines, care documents, pressure areas, accidents, complaints, health and safety and training. The provider carried out external audits of the home. These were done regularly and had been effective in identifying areas for improvement. For example, actions identified during the most recent visit included completing portable appliance testing (PAT) and purchasing new crockery.