Abbeyfield East London Extra Care Society Limited The

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Inspection report

George Brooker House
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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

The Abbeyfield East London Extra Care Society Limited is also known as George Brooker House. We carried out an unannounced inspection of this service on 26 November 2018. George Brooker House provides accommodation for up to 44 adults including people who may have a diagnosis of dementia. At the time of our inspection 44 people were living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service provides personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has a registered manager in post. 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.

At our last inspection on 30 March 2016 the service was rated 'Good'. At this inspection we found that this service continued to be 'Good.'

Safeguarding procedures were in place and staff had a clear understanding of what abuse was and what to do if they had any safeguarding concerns. Risk assessments were in place and gave details about how to support people in a safe way. Staff were recruited safely, and pre-employment checks had been carried out to ensure they were suitable to support people. Staffing levels were sufficient, so the service could meet people's needs. Medicines were administered and managed safely. Infection control was being managed in a safe way to prevent the spread of infection. Accidents and incidents were recorded and the service learnt lessons to ensure the care provided was safe.

Once employed, staff received a detailed induction to the service and ongoing training to allow them to provide the best support to people. Staff felt supported and received regular supervisions and an annual appraisal to review their practice. The service had completed pre-admission assessments for all people to ensure their needs could be met. People had a choice around their meals and the service worked well with other health and social care teams to ensure people were supported to stay healthy and well. The service had been designed and adapted with people's support needs in mind. Staff understood the Mental Capacity Act 2005 (MCA). The MCA is a law protecting people who are unable to make decisions for themselves. Where people did not have the capacity to consent to their care and support, the appropriate applications had been made.

Staff were observed to be kind and respectful and knew how to communicate with people and recognise their needs. Staff demonstrated an understanding around equality and diversity; however, information about relationships and sexuality was not discussed. We recommended the service follows best practice guidance to ensure people felt safe and comfortable. People and their relatives were fully involved in their

care and support provided. Staff spoke to us about how they maintained people's privacy and dignity and the service promoted people to be as independent as possible.

People received personalised support that was responsive to their individual needs and each person had an up to date care plan. People were encouraged to engage in activities of their choice, both within the service and the local community. People and their relatives felt comfortable raising any issues they might have about the care provided and there were systems in place to deal with complaints. The service provided end of life care that took into consideration individual wishes.

People, relatives and staff spoke positively about the registered manager and felt they were approachable and supportive. The service gathered feedback from people, relatives and staff. This feedback alongside the audits and quality checks meant the service was always monitoring and improving the quality of care provided.

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

The Abbeyfield East London Extra Care Society Limited

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 service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We carried out an inspection of George Brooker House on 26 November 2018. This inspection was unannounced and carried out by one inspector and one CQC colleague from the dentistry team. We were also supported by 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 inspection we reviewed relevant information that we held about the service. This included the previous inspection report, and notifications we had received. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We contacted other health and social care professionals for their feedback. We used 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 to 15 people who lived at the service and six relatives. We also spoke to ten staff members and one health and social care professional.

We reviewed documents and records that related to people's care and the management of the service including four care plans, three staff files, the staff rota, medicine administration records and service audits.

We also undertook general observations of people and 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.

After the inspection we received additional documents to review including the statement of purpose and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I definitely feel safe here." Staff told us, and records confirmed, they had completed safeguarding training. One staff member said, "There can be verbal, physical, emotional [abuse]. I would report this to the manager and if nothing came from it I would go to the CQC." We saw safeguarding posters around the service that directed people on how to report abuse. This demonstrated that the service was doing all that was possible to keep people safe from potential harm or abuse.

Individual risk assessments were in place for different support needs including pressure sores, moving and handling, personal care and nutrition. These were reviewed every 6 months or when a person's risk changed. This meant people were being supported to manage risk and stay safe.

People felt there were enough staff to support them. One person said, "If they see you struggle to pick something up, they help you straight away." The registered manager told us they assessed staffing levels based on individual support needs. We observed people receive care in a timely and caring manner.

Pre-employment checks such as DBS checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. This meant that the service could be assured that staff employed were of good character and suitable to provide safe care.

People told us they received support to take their medicines. One person said, "They help with my medication at regular times." Records confirmed that all staff had received medicines training and staff told us that they were confident with supporting people to take their medicines. Medicine Administration Charts (MAR) included details on how to administer medicines, the person's medical diagnosis and allergies and showed that medicines were given as prescribed. This demonstrated that people were supported to receive their medicines in a safe way.

People and relatives felt the service was clean. One relative said, "It's scrupulously clean everywhere." Staff demonstrated an understanding of how to ensure people were protected by the prevention and control of infection. We found all communal areas were clean and free from offensive smells. We saw staff wearing protective equipment such as gloves and aprons. There were hand gels available throughout the service. We saw that the provider had completed environmental risk assessments and carried out regular checks to manage fire safety, use of equipment and hazardous substances to ensure they were safe to use and people were kept safe from potential harm.

Records had been kept of accidents and incidents, which detailed the incident and the action that had been taken. All accidents and incidents were analysed to ensure lessons were learnt and to minimise the risk of re-occurrence. The registered manager told us, "Every day is a school day." This demonstrated a culture of continuous improvement to ensure people received high quality and safe care and support.

Good

Is the service effective?

Our findings

At the previous inspection on 9 June 2016 a recommendation was made to formalise the induction period for new staff members. At this inspection, we found that an induction workbook had been created; this guided staff on how to support people living at the service, and health and safety. Staff we spoke to told us the induction was helpful. One staff member said, "It was good, [registered manager] showed us around, I read all of the care plans."

We looked at the training matrix; this showed that all staff were up to date with essential training. Records confirmed that staff received regular supervision and an annual appraisal. One staff member said, "I find [supervision] useful. With [registered manager] support they have built my confidence right up." This meant that staff performance was regularly reviewed to ensure they were providing care and support of a high standard.

Pre-admission assessments were in place; these provided details about people's health and support needs, their life history and personal preferences about the care and support they would like to receive. This ensured the service could provide person-centred care to people and that people felt supported when they arrived at the service.

People told us they had a choice about the food they ate. One person said, "They give me what I want, so it's good overall." Kitchen staff identified people's preferences, choices of meal and any allergies or dietary needs they needed to be aware of. One staff member said, "We know [people's] needs." We observed there was fresh water, squash, fruit and refreshments available on each ward for people to access at any time.

People received care and support from various health and social care professionals. One person said, "[Doctor] comes every Thursday but if it's urgent they take you to the surgery." We spoke with a health and social care professional who told us, "I really find [the staff] very helpful, they give you information." People's care plans had records of visits from the community mental health team, the local hospice, the doctor, opticians and dieticians. This showed that the service worked well with other organisations to enable people to stay healthy and well.

People's needs were met by the design and decoration of premises. The corridors were brightly lit and key areas were clearly identified with bold colours and easy to read signs with pictures on. There were dementia friendly sensory items, which offered people the chance to touch and look as they moved about in their home. People's rooms were personalised with photographs and items that were meaningful to them and evoked a sense of familiarity to enable to them to feel safe.

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 with appropriate legal

authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff demonstrated an understanding of capacity and how to support people in line with the MCA. All care plans had records to confirm people had consented to the care and treatment they received. Where people were unable to sign for themselves the consent form had been signed by a relevant professional or the persons next of kind. This demonstrated the service was working in line with best practice guidelines to provide care and support to people in their best interest.

Good

Is the service caring?

Our findings

People felt that staff cared for them and supported them in a kind manner. One person said, "The staff are really lovely."

Staff told us how they communicated with people who had difficulties to ensure their needs were met. One staff member told us about a person who can't talk, "We can tell by [person's] facial expression if [person] doesn't like something or is in pain." Individual care plans looked at how to effectively communicate with people. One person's care plan said, '[Person] is able to communicate. However, [person's] speech can be very jumbled. Time must be given and simple questions put to [person] to try and gain a relevant response.' This showed the service understood people's individual care and support needs and guided staff to offer the most appropriate support to ensure people were provided with emotional support.

Staff demonstrated an understanding of the importance of equality and diversity. The service had an equality, diversity and inclusion policy in place that looked at ensuring staff and people were protected from discrimination. We met one person who was religious and had been given a book about meditation which they said they really liked. This showed that the service worked in a caring manner to ensure people received support that met their needs in an inclusive and non-discriminatory way.

However, we noted that within care plans there was no information available about people's sexuality or relationships and there was no specific information available within the service about supporting people who identify as lesbian, gay, bisexual or transgender. We recommend that the service works in line with best practice guidelines to ensure all people felt safe, supported and welcome at the service.

The service encouraged people and their relatives to be involved in their care and support. One person told us, "I have agreed my care plan and they check my wishes now and again." A relative said, "We come in to talk about and update [person's] care plan.' Records confirmed that people and their relatives could contribute to the care and support that people received. One person's care plan review said, 'I am happy with care, no concerns.' This showed that where appropriate, people and their relatives were actively involved in making decisions about their care and support.

The service encouraged people to be as independent as possible. One person said, "I look after my own teeth and brush them every day when I get up and before I go to bed." Staff told us they recognised the importance of supporting people to maintain their independence. Records confirmed that people were encouraged to remain independent.

People also told us they felt their privacy and dignity was respected. One person said, "[Staff] always knock when they want to come in." This showed that the service knew how to support people to be as independent as possible and respect their privacy and dignity, and therefore improve their overall wellbeing.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service offered opportunities for people to engage in a range of activities that suited their needs. One person said, "I have a little walk around the grounds and I do my knitting. I've knitted a scarf. I join in sing-songs." A relative said, "[Person] does more since [person's] been here. [Person] plays bingo when they do it."

The service had a activities co-ordinator to specifically provide activities and support people living with dementia. They told us they tried to individualise activities and used knowledge of people's past to create activities; such as photocopying pictures of an area in which a person had lived all their life. These pictures prompted a happy conversation.

We saw people engage in a lively music and movement, singalong and memory session where people were smiling and laughing. They were encouraged and supported both by the Dementia Coach and other carers. The dementia coach said to people, "You do what you want to do, this is just a chance for some exercise and some fun." This shows that people had opportunities to engage in person-centred activities in a group or by themselves that enhanced their health wellbeing.

There were examples of how the service ensured information was available to people with different communication needs. For example, where people could read and sign their own care plan, they had been written in large font and in individual care plans 'Things I like' were in picture form. This meant people could be more actively involved in the care and support they received through different formats.

People told us they received person-centred care. One person said, "I can have a shower when I want it." Each person had an individual care plan, which contained information about the support they needed from staff. Care plans detailed the support people would need with various things including personal care, mental health and wellbeing and nutritional needs. One person's care plan said, '[Person] has always been quite anxious and needs reassurance, as [person] is not always able to express how [person] feels. [Person] likes to have a one to one chat with staff.'

A complaints policy was in place. People and relatives knew how to make complaints. One person said, "If I had a complaint I'd ask to see the Manager." There was a 'complaints and compliments' book left at reception for people, relatives of visiting professionals to be able to leave anonymous feedback. This was regularly checked by the registered manager and all feedback would be responded to. The registered manager advised there had not been any complaints since the last inspection.

Where appropriate, people were supported to discuss and manage plans for when they reached end of life. One person told us, "I had it all arranged before I came here. They all know what I want." Within people's care plans, end of life information was regularly updated. This showed the service was working in line with best practice guidelines to ensure people received appropriate and person-centred end of life care.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. One person said, "I know the manager; [registered manager] walks about and says good morning."

There were opportunities for people and their relatives to provide feedback about the service. We saw that people were asked to complete annual surveys. These could be completed by circling happy or sad faces; we found that people had circled the happy faces. This made it easier for people living with sensory or communication needs to still contribute towards the running of the service and provide feedback. The registered manager told us communication with relatives was positive and they spoke to them on a one to one basis. Relatives confirmed this; one relative said, "The staff let me know if there are any problems." Relatives were also asked to complete annual surveys. We looked at the feedback from the most recent survey and found that feedback was positive. One relative had said, 'You are all so committed and loving to each resident.'

People could attend resident meetings, which were held quarterly. We looked at minutes from the last two resident meetings. One meeting was held to welcome two new people into the service; one person said they did not like their pillows and the minutes said, '[Staff] informed [person] that [person] is welcome to have their own mattress, pillows and any other furnishing from their home brought in to make their room more personalised and comfortable.' This showed that people felt comfortable to say how they felt about the service and feedback was acted upon to make improvements.

Staff told us they worked well with the registered manager and felt they were respected. One staff member said, "The manager is really good, I put my ideas forward and we work it out together, then I get to the go ahead and do it."

Team meetings were held quarterly; they looked at topics including staff morale and pressure within the service, staffing levels and care plans. One staff member said, "We have team meetings, they are very helpful, the managers are supportive, we are a strong team." We also saw records of team meetings held for night staff, as they would be unable to attend the team meetings in the day with the main team. This meant that all staff within the service were kept up to date with the running of the service and the management team accommodated for their needs to ensure they could then provide excellent care and support.

We found clear systems in place to audit the overall running and development of the service. Records confirmed that the registered manager and management team completed unannounced spot checks of the service and medicines audits. Spot checks identified room for improvement and prompt action taken when needed. This shows the service were doing all they could to continuously learn and provide better care and support to people.

We also saw records of the provider completing quarterly quality monitoring visits where they looked at the running of the service and made recommendations for the registered manager to implement. This demonstrated that there was a culture of continuous improvement at provider and service level to ensure

that high quality care was being delivered always.