

Brentwood Homes Limited

Seven Arches Nursing Home

Inspection report

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Date of inspection visit:
30 September 2020
02 October 2020

Date of publication:
27 November 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seven Arches is a nursing home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

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

We received wider concerns about the service which included staffing, risk management, infection control and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

People's needs had been fully assessed and risk managed to ensure they received the care they required. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for by staff who had been recruited safely and all relevant checks were in place. There were enough staff to meet people's needs.

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.

Staff were complimentary about the registered manager and felt supported. There were appropriate audit and quality assurance processes in place as well as safeguarding and whistle blowing policies. Staff knew how to raise concerns and were confident to do so if needed.

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 21 August 2019).

Why we inspected

The inspection was prompted in part due to concerns we received about the service which included staffing, risk management, infection control and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seven Arches on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Findings are in our safe section below.

Is the service well-led?

Good ●

The service was well-led.

Findings are in our well-led section below.

Seven Arches Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Seven Arches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. Inspection activity started on 30 September and ended on 2 October 2020. We visited the service on 30 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, registered nurses care workers. 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. This included two people's care records and several medicine records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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

- We observed people were safe. People had bedrails in place should they need them, and their call bells were accessible to them. One person told us, "I like most of the staff especially [name of staff member] who is very kind and gentle and they really listen to me. The staff are okay using the hoist and they make me feel safe even though I don't like to idea of having to use it, they always reassure me."
- Staff had received up to date safeguarding training and knew what the signs of abuse were and how to report any concerns.
- The registered manager understood their role in safeguarding and raised safeguarding concerns when needed to the local authority.

Assessing risk, safety monitoring and management

- Peoples risks had been assessed and plans had been put in place to manage and minimise risks. For example, where people were at risk of developing pressure sores, regular checks were in place and people had pressure relieving equipment in place.
- Where people had medical needs, for example wound care, these had been assessed and care plans were in place.
- People told us they were happy with the care they received. One relative said, "I've no concerns with Mums care, they are on the ball with her and make her as comfortable as they can."

Staffing and recruitment

- Staff recruitment was safe. The appropriate checks were in place to ensure that staff were fit to carry out the role such as an up to date DBS check and references.
- Staff and the people living at the service said there were enough staff to meet people's needs. On staff member said, "All staff are very nice and there is enough of us. If they are short, they use agency, but it is always the same agency staff who know people."
- We observed there were enough staff throughout the inspection to meet people's needs. Staff were available during lunch to support individual people on a one to one basis.
- Peoples relatives did not raise any concerns with us about staffing levels.

Using medicines safely

- Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received medicines training and had received competency assessments.
- We checked people's Medicines Administration Records (MARs) and found medicines were given correctly.

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative said, "When I get to the home, I put on full PPE and hand sanitizer before I go into [relatives] room."
- Shielding and social distancing rules were applied where possible and when appropriate.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. One staff member said, "We have shower facilities to use before and after work and red decontamination bags to take our clothes home. All is very well organised for us to stay safe and keep people safe".
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Where things had gone wrong, the registered manager carried out a full investigation. Accidents and incidents were recorded and analysed to look for trends. . For example the registered manager had highlighted an increase in unexplained bruising. Following an analysis, the registered manager had put in place training for staff and was monitoring the situation regularly.

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; 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; Continuous learning and improving care

- Staff were positive about working at the service. One member of staff said, "Working at Seven Arches is good because the people, the staff and the manager are so nice, and I care about them." Another told us, "Everything works well here, and we are a caring team. The manager is flexible around things like the rota and respects our individual circumstances."
- The registered manager had worked hard to bring about change to the culture of the service. They led by example, were a good role model, acted to resolve issues and concerns and worked in a collaborative and inclusive way. One staff member described them as, "Kind and generous and always available should you need them."
- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. Where there had been concerns around bruising, the registered manager had investigated incidents thoroughly, sought support from healthcare professionals and carried out training and supervisions. One relative said, "The service communicates quite well, they contact me if there are injuries or bruises."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider was actively supporting the registered manager and visited the service to attend staff meetings. This meant that both staff and the registered manager could raise concerns or issues with the provider when necessary.
- The registered manager was supported by the registered nurses. One staff member said, "We need to be team players, we support each other. We are here for the residents, it's their home so we must all work together."
- The registered manager was committed to making changes and improvements at the service. A new chef had been employed and plans were in place to change menus to reflect people's choices and requests.
- Staff had all received regular supervisions. These were recorded and support and training were put in place where needed.
- Systems and processes were in place to monitor the safety and quality of the service. There were a range of audits in place to monitor the health, safety and welfare of people who used the service. For example, these had identified concerns with skin care management which had been addressed by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they had been contacted by the home and kept up to date with how their loved ones were. One relative said, "They give me a really good updates on [relative]. Staff are very compassionate; they are a good team and communicate well. I get a good feeling when I go there.
- During the inspection we observed people having their hair done. One person said, "I love my hair, it's just how I wanted it." Another person was keen to have their hair appointment at a certain time to fit in with their routine, which staff facilitated.
- The registered manager had carried out a survey for staff in high risk groups to ensure they felt supported and had everything in place they needed to feel safe at work.
- The registered manager was proactive in utilising the expertise of health and social care professionals to keep abreast of current good practice and ensure everyone's needs were met and the service remained COVID-19 free.